CLAIMS ONLY

Application Number	10048243	**Filing Date**	
Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2						
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46				/		
47				/		
48				/		
49				/		
50				/		
Total Indep			4			
Total Depend			36			
Total Claims			40			

	Indep	Depend	Indep	Depend	Indep	Depend
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52				/		
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99						
100						
Total Indep						
Total Depend			3			
Total Claims			3			